

www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600001	(	CITY OR TOWN ANDOVE	ER .
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: ANDOVER CO	UNTRY CLUB INC.		
DOING BUSINESS A ANDOVER CO	OUNTRY CLUB		
ADDRESS 60 CANTERBURY ST			
CITY/TOWN: ANDOVER	STATE: MA	ZIP CODE: 01810	
MANAGER: ENXING, DENISE T	YPE OF LICENSE: Innh	older CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
FOUR FLOORS, FIRST FLR; STOCK ROOM AND PATIO, GOLF PRO SHO DECKS, KITCHEN, RECEPTION, FO 4TH FLR,STORAGE,LOUNGE,LOBE	OP, CONCESSION ARE OOD SERVICE AREA. 3	A. 2ND FLR BAR, OFFICE, 2 RD FLR 5 OFFICES AND ST	2 PATIO
1. the renewed license will be a complied w     3. the premises are now open f	of the same type for the s	onwealth relating to taxes; and	
SIGNED BY Individual, Partr	ner or Authorized Corpor	ate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire department for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	IORITY
DATE:			



www.mass.gov/abcc

LICENSE NUMBER	:002600002		CITY OR TOWN ANDOVE	ER .
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME:	MORELLO HOSI	PITALITY GROUP	LLC	
DOING BUSINESS	A BRASSERIE 28			
ADDRESS 2 ELM S	TREET			
CITY/TOWN: AND	OOVER	STATE: MA	ZIP CODE: 01810	
MANAGER: MOR EW	ELLO,MATTHTY	PE OF LICENSE: R	estaurant CATEGORY:	All Alcohol
EMAIL ADDRESS:				
j	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF I				
side entrance, 1 interikitchen receiving area	or building entrance a entranceI kitche	e with separate egres on area, 1 employee b	ange, 4 means of egress; 1 front ers; sharing 2 ada common area bat pathroom, 1 office, 1 walk in cool is on privately owned post office a	throoms, 1 er, outdoor
I hereby certify and s	wear under penaltie	s of perjury that:		
1. the renew	ed license will be of	the same type for th	e same premises now licensed;	
	-		monwealth relating to taxes; and	
3. the premis	ses are now open for	r business (If not exp	plain below)	
SIGNED BY	Individual, Partne	r or Authorized Corp	porate Officer	
D . 1777				
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004, signed	by the building in	spector and the hea	he certificate required by Chap ad of the fire department for the urance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			Ву:	
DISAPPROVED:	•>			
(If disapproved expla	ın)			
DATE:				



www.mass.gov/abcc

LICENSE NUMBE	C: 002600003		CITY OR TOWN ANDOV	EK
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	PALMER'S RES	TAURANT, INC.		
DOING BUSINESS	A PALMER'S RE	STAURANT & TAVE	RN	
ADDRESS 18 ELM	ST.			
CITY/TOWN: AN	DOVER	STATE: MA	ZIP CODE: 01810	
MANAGER: ING.	ALLS, JOHN P. TY	YPE OF LICENSE: Res	staurant CATEGOR'	Y: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	IISES:		
DINING ROOM, OI THREE BATHROO	FFICE AND LIBRA MS. TWO FRONT	ARY DINING AREA.	M, PORCH BAR AREA, GA UPSTAIRS; TWO DINING R S AND A REAR ENTRANCE . EXTERIOR DECK.	OOMS.
I hereby certify and s	swear under penalti	es of perjury that:		
1. the renew	ed license will be o	of the same type for the	same premises now licensed;	
	-		nonwealth relating to taxes; an	d
3. the premi	ses are now open for	or business (If not expla	nin below)	
SIGNED BY	Individual, Partno	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: NOT Individual Social	al Security Number)
Acts of 2004, signe	d by the building i	nspector and the head	e certificate required by Cha l of the fire department for t rance required by Chapter 1	he above
Please Check Below: APPROVED:			LOCAL LICENSING AUT By:	HORITY
DISAPPROVED:	• >			
(If disapproved explain	ain)			
DATE:			-	



www.mass.gov/abcc

LICENSE NUMBER:	002600006		Cl	TY OR TOW	N ANDOVE	R
APPLICATION FOR	RENEWAL:	Annu	al	LICE	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	99 RESTAURA	NTS OF BOSTC	N LLC			
DOING BUSINESS A	99 RESTAUR	ANTS				
ADDRESS 464 LOW	ELL ST.					
CITY/TOWN: AND	OVER	STATE:	MA	ZIP CODE:	01810	
MANAGER: THOR JON	RGILSSON, 7	TYPE OF LICEN	SE:Restaur	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
Pl	LEASE ALSO VISIT OU	R WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF L	ICENSED PRE	MISES:				
ONE STORY FRAMI FRONT OF BLDG. E						Y IN
I hereby certify and sw	vear under penal	ties of perjury tha	t:			
1. the renewed	d license will be	of the same type	for the sam	e premises no	ow licensed;	
2. the licensee	e has complied v	vith all laws of the	Common	wealth relating	g to taxes; and	
3. the premise	es are now open	for business (If no	ot explain b	pelow)		
SIGNED BY						
	Individual, Part	ner or Authorized	Corporate	Officer		
DATE:	TELEPH	ONE NUMBER:			ER IDENTIFICAT	
				(Note: NOT	Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building	inspector and th	e head of	the fire depa	rtment for the	above
Please Check Below:			L	OCAL LICE	NSING AUTH	ORITY
APPROVED:			В	y:		
DISAPPROVED:						
(If disapproved explain	11)		_			
			_			
DATE:			_			



www.mass.gov/abcc

LICENSE NUI	MBER: 002600009		CITY OR TOWN	ANDOVE	R
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: CHATEAU RES	STAURANT OF AND	OVER		
DOING BUSI	NESS A THE CHATEA	AU RESTAURANT			
ADDRESS 13	1 RIVER RD.				
CITY/TOWN:	ANDOVER	STATE: MA	ZIP CODE:	01810	
MANAGER:	VALLARELLI, T STEPHEN	YPE OF LICENSE: R	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDR	RESS:	-			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PREM	MISES:			
FRONTOFFIC HANDICAP R MECHANICA	LOUNGE AREA,2 DIN E.ONE REAR OFFICE ESTROOM.LIQUOR S L ROOMS,BOILER RO THREE REAR EXITS,F	,ONE SERVICE BAR TORAGE ROOM,GR OOM IN BASEMENT	,FRONT PUBLIC F OCERY STOCKRO	RESTROOMS OOM,TOW	
I hereby certify	and swear under penalt	ies of perjury that:			
1. the	renewed license will be	of the same type for th	e same premises nov	v licensed;	
2. the	licensee has complied w	ith all laws of the Con	nmonwealth relating	to taxes; and	
3. the	premises are now open f	for business (If not exp	plain below)		
SIGNED BY	Individual, Partı	ner or Authorized Corp	oorate Officer		
DATE:	TELEPHO	ONE NUMBER:			ΓΙΟΝ NUMBER: Security Number)
Acts of 2004,	rsigned, attest that we a signed by the building e and (2) the certificate	inspector and the hea	ad of the fire depart	tment for the	above
Please Check Belo	DW:		LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	i explain)				
DATE:					



www.mass.gov/abcc

LICENSE NUMBER	:002600011		CITY OR TOWN	ANDOVER
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	OLDE ANDOVER	RESTAURANT, IN	C.	
DOING BUSINESS	A GRASSFIELDS			
ADDRESS 209 NOR	TH MAIN ST.			
CITY/TOWN: AND	OVER	STATE: MA	ZIP CODE:	01810
MANAGER: MCN ANN	IFF, DEBRA TYF	PE OF LICENSE: Res	taurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
I	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMIS	SES:		
ONE FLR; THE SEL ROOM,2 WALK IN T MECHANICAL ROO	REFRIGERATORS			JOR STORAGE RAGE,OFFICE AND
I hereby certify and sv	wear under penalties	of perjury that:		
1. the renewe	ed license will be of	the same type for the	same premises now	licensed;
2. the license	e has complied with	all laws of the Comm	nonwealth relating t	o taxes; and
3. the premis	es are now open for	business (If not expla	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:				
DATE.	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
			(210te: <u>2102</u> Inc	iividuai Sociai Security Ivainoci)
Acts of 2004, signed	by the building ins	pector and the head	of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:			•	
(If disapproved expla	in)			
DATE:				
P. 11 P.				



www.mass.gov/abcc

LICENSE NUMBER: 00	2600013		CITY O	R TOWN	ANDOVER	R.
APPLICATION FOR RI	ENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: LADOING BUSINESS A ADDRESS 260 NORTH		C.				
CITY/TOWN: ANDOV	/ER	STATE: M	A ZIP	CODE:	01810	
MANAGER: HART, 7	TIMOTHY TYP	E OF LICENSE:	Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF LIC THREE FLOORS; 2 CE AND EXITS LOCATED THE CLUB HOUSE AN WITH SEVERAL ENTE	LLARS; AT LEAD IN THE BUILD ND SEAONAL EN	ES: ST 5 ROOMS OI ING. SEASONA ICLOSED PATIO	N EACH FL L ENCLOSI	OOR. MA	EN ADJACE	NT TO
2. the licensee h 3. the premises a	icense will be of the as complied with a complex or the complex of the compl	he same type for tall laws of the Co	mmonwealtl	h relating to		
SIGNED BY	dividual, Partner	or Authorized Co	rporate Offic	cer		
DATE:	TELEPHONE	E NUMBER:	(No		R IDENTIFICAT lividual Social S	ION NUMBER: ecurity Number)
We the undersigned, at Acts of 2004, signed by named license and (2) to f 2010.	the building insp	pector and the h	ead of the fi	ire departı	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCA By:	L LICENS	SING AUTHO	ORITY
DATE:						



www.mass.gov/abcc

LICENSE NUMBER: 002600015		CITY OR TOWN	ANDOVER	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: NEW INDIAN RIDGE CO DOING BUSINESS A ADDRESS OFF LOVEJOY ROAD	OUNTRY CLI	JB INC.		
CITY/TOWN: ANDOVER ST	ATE: MA	ZIP CODE:	01810	
MANAGER: NOLAN, CHERI A. TYPE OF I	LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISES: TWO FLOORS; SWIMMING POOL, CLUBHOROM, BAR, KITCHEN, MEN'S AND LADIES FUNCTION ROOM. ONE ROOM DOWNSTAL ROOMS, RESTROOMS, SAUNA, SUN LAMP F	OUSE. TWO R REST ROOM IRS,GRILL, O	OOMS UPSTAIRS S,COAT ROOM, D FFICE MEN'S ANI	DANCE AND D WOMEN L	
I hereby certify and swear under penalties of perj  1. the renewed license will be of the sam  2. the licensee has complied with all law  3. the premises are now open for busines	ne type for the rs of the Comm	onwealth relating to		
SIGNED BY Individual, Partner or Aut	horized Corpo	rate Officer		
DATE: TELEPHONE NUM	ÍBER:	EMPLOYER (Note: NOT Ind	LIDENTIFICATI	
We the undersigned, attest that we are in post Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010.	and the head	of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0026	500016	CITY	OR TOWN ANDOVE	R
APPLICATION FOR REN	EWAL: Anni	ual	LICENSED FOR 2	013
	CLA	.SS		YEAR
LICENSEE NAME: S/HM	M ANDOVER MANAGEM	ENT LLC		
DOING BUSINESS A WY	YNDHAM ANDOVER			
ADDRESS 123 OLD RIVE	ER ROAD			
CITY/TOWN: ANDOVE	R STATE:	MA ZI	P CODE: 01810	
MANAGER: CORBOSII OONATO	ERO, TYPE OF LICEN	VSE: Innholder	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE	ALSO VISIT OUR WEBSITE AND ENTE	R YOUR EMAIL ADDI	RESS	_
DESCRIPTION OF LICEN	ISED PREMISES:			
	JEST ROOMS, RS, LOUNG TION RMS. INDOOR POO JRTARDS.			
I hereby certify and swear u	under penalties of perjury the	at:		
	ense will be of the same type	-		
	complied with all laws of th			
3. the premises are	e now open for business (If n	ot explain belo	w)	
SIGNED BY Indi	vidual, Partner or Authorize	d Corporate Of	ficer	
21.00	7.0000, 7.00000	o corporate or		
DATE:	TELEPHONE NUMBER:		EMPLOYER IDENTIFICAT	TION NUMBER:
	TEEEI HONE NOMBER.		Note: NOT Individual Social S	Security Number)
Acts of 2004, signed by th	st that we are in possession ne building inspector and t e certificate of liquor liabil	he head of the	fire department for the	e above
Please Check Below:		LOC	CAL LICENSING AUTH	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



www.mass.gov/abcc

LICENSE NUMBER	:002600017		CITY OR TOW	N ANDOVE	K
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	PARK STREE	ET HOLDINGS LLC			
DOING BUSINESS	A DYLANS B	AR AND GRILL			
ADDRESS 018-22 P.	ARK ST.				
CITY/TOWN: AND	OVER	STATE: MA	ZIP CODE:	01810	
MANAGER: PETR SAM	OVICH, UEL F	TYPE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PR	EMISES:			
2ND FLR-FORMAL PARK ST. DELIVER	DINING RM , RY DOOR OPE	AL DINING ROOM AND KITCHEN AND PREP AF EN TO ALLEY. EMERGE REAR OF BLDG. OUTSI	REA. MAIN EN NCY EXIT ON V	TRANCE DOO WEST SIDE O	OR 22
I hereby certify and s	-				
		be of the same type for the	-		
	-	with all laws of the Comm	^	g to taxes; and	
3. the premis	es are now ope	n for business (If not expla	in below)		
SIGNED BY	Individual, Pa	artner or Authorized Corpo	rate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, signed	by the building	e are in possession (1) the ng inspector and the head nte of liquor liability insur	of the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICES By:	NSING AUTH	ORITY
(If disapproved expla	in)				
DATE:					



www.mass.gov/abcc

LICENSE NUMBER:	.002600023		CITY OR TOV	VN ANDOVE	K
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	COURTYARD MAN	NAGEMENT CO	RPORATION		
DOING BUSINESS A	A COURTYARD BY	MARRIOTT HO	TEL		
ADDRESS 10 CAMP	'ANELLI DRIVE				
CITY/TOWN: AND	OVER	STATE: MA	ZIP CODE	: 01810	
MANAGER: NOLA MAT	AN, TYPE ΓΗΕW	E OF LICENSE: In	nholder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS	-	_
DESCRIPTION OF L	ICENSED PREMISE	ES:			
3 STORY HOTEL,14 COURTYARD AREA					
I hereby certify and sv	_				
•	d license will be of th		e same premises i	now licensed;	
	e has complied with a	• 1	•		
	es are now open for b			8	
	1				
SIGNED BY					
SIGNED D1	Individual, Partner o	r Authorized Corr	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: <u>NO</u> 7	Γ Individual Social S	Security Number)
We the undersigned Acts of 2004, signed named license and (2010.	by the building insp	ector and the hea	nd of the fire dep	artment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					
·····					



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	02600024		CITY OR TOWN	ANDOVE	₹
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: S	UNDAY GENER	AL CORPORATION	ON		
DOING BUSINESS A	SUNDAY GENE	RAL STORE			
ADDRESS 195 ANDO	VER STREET				
CITY/TOWN: ANDO	VER	STATE: MA	ZIP CODE:	01810	
MANAGER: LEE,JO	O HYONG TYI	PE OF LICENSE:	Package Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMIS	SES:			
STREET FRONT STORESTEE. THE FRONTA			ORE SPACE TO REA	R OF ROOM	M. TWO
3. the premises	-	all laws of the Co business (If not ex	mmonwealth relating to	o taxes; and	
SIGNED BY	ndividual, Partner	or Authorized Con	porate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <b>NOT</b> Ind		TON NUMBER:
			(Note: 1.02 Ind	ividual Social S	ceurity (vanioer)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)	)				
DATE:					



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600025		CITY OR TOWN	ANDOVER
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: MCGANN AS	SOCIATES INC.		
DOING BUSINESS A DRISCOLL'S	FINE WINE & SPIRIT	S	
ADDRESS 5 BARTLET STREET			
CITY/TOWN: ANDOVER	STATE: MA	ZIP CODE:	01810
MANAGER: MCGANN, BRIAN E.	TYPE OF LICENSE: Pac	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PRE			
FIRST FLOOROF 1,460 SQ FT WIT BARNARD STREET,WITH OFFICE CHECKOUT COUNTER.			
I hereby certify and swear under pena	Ities of perjury that:		
1. the renewed license will be	e of the same type for the	same premises now	licensed;
2. the licensee has complied	with all laws of the Com	nonwealth relating to	taxes; and
3. the premises are now open	for business (If not expl	ain below)	
SIGNED BY		OSC	
individual, Par	tner or Authorized Corpo	orate Officer	
DATE: TELEPIN		EMPLOYED	IDENTIFICATION AND ADED
TELEPH	IONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
		· -	• ,
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(12 strupped to a captum)			
DATE:			



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 002600026		CITY (	OR TOWN	ANDOVE	₹
APPLICATION FOI	R RENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	CHARLES ANI	SHIRLEY BARRO	ON			
DOING BUSINESS	A BARRON'S C	OUNTRY STORE				
ADDRESS 429 LOV	WELL STREET					
CITY/TOWN: ANI	DOVER	STATE: M	A ZIF	CODE:	01810	
MANAGER:	Т	YPE OF LICENSE:	Package Sto	ore (	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						]
		R WEBSITE AND ENTER YOU	JR EMAIL ADDR	ESS		
DESCRIPTION OF				, DEAD E	OVED WITH	EXTENS.
ONE STORY AND FROM SALES ARE FIRST FLOOR REA	A AND REAR FO					
I hereby certify and s	swear under penalt	ties of perjury that:				
1. the renew	red license will be	of the same type for	the same pr	emises nov	w licensed;	
2. the licens	ee has complied w	ith all laws of the Co	ommonweal	th relating	to taxes; and	
3. the premi	ses are now open i	for business (If not e	xplain belov	w)		
SIGNED BY	Late that Down		0.00	•		
	Individual, Parti	ner or Authorized Co	orporate Off	icer		
DATE:			L			**************************************
DATE.	TELEPHO	ONE NUMBER:	(N		ER IDENTIFICAT ndividual Social S	
			(-	<u></u> 1.	idividadi Social S	cearity (valueer)
Please Check Below:			LOCA	AL LICEN	ISING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:	-:>					
(If disapproved expla	ain)					
DATE:						



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 002600027		CITY OR TOWN	ANDUVER	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME	: ANDOVER CLAS	SSIC WINES, LLC			
DOING BUSINESS	S A ANDOVER LIQ	UORS			
ADDRESS 209 NO	RTH MAIN ST.				
CITY/TOWN: AN	DOVER	STATE: MA	ZIP CODE:	01810	
	IORE, TY DREA M.	PE OF LICENSE: Pac	ekage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMI	ISES:			
AND EXIT AND E A TOTAL OF 5540	MERGENCY EXIT	TORAGE AND STO OPENINGS TO SHA DOORS ARE AT THI DCK.	WSHEEN PLAZA	PARKING LO	OT FOR
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renev	wed license will be of	f the same type for the	same premises now	licensed;	
2. the licen	see has complied with	h all laws of the Comr	nonwealth relating to	taxes; and	
3. the prem	ises are now open for	r business (If not expla	ain below)		
SIGNED BY	Individual, Partne	r or Authorized Corpo	orate Officer		
DATE:	TEI EDLION	NE NUMBER:	EMPLOYER	R IDENTIFICATI	ION NUMBER:
	TELEFTIO	NE NOMBER.	(Note: NOT Ind		
Please Check Below:			LOCAL LICENS	UNIC AUTUC	NDUTY
APPROVED:			LOCAL LICENS By:	ING AUTHC	JKII I
DISAPPROVED:			By.		
(If disapproved expl	lain)				
DATE:					
·····					



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 002600028		CITY OR TOWN	ANDOVER	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEA	R
LICENSEE NAME	: SHAWSHEEN	VILLAGE LIQUORS,	INC.		
DOING BUSINESS	S A SHAWSHEEN	LIQUORS			
ADDRESS 4 POOR	R STREET				
CITY/TOWN: AN	DOVER	STATE: MA	ZIP CODE:	01810	
	LMAN, T CHAEL P.	YPE OF LICENSE: Pa	ackage Store C.	ATEGORY: All	Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	MISES:			
ENTRENCE AND	EXITS ONE AT 2	SELLING SPACE, 2 S POOR ST.AND 4 PO F EACH STORAGE A	OR ST. SMALL BA	ΓHROOM IN REA	AR
I hereby certify and	swear under penalt	ies of perjury that:			
1. the renev	wed license will be	of the same type for th	e same premises now	licensed;	
2. the licens	see has complied w	ith all laws of the Com	monwealth relating t	o taxes; and	
3. the prem	ises are now open f	or business (If not exp	lain below)		
SIGNED BY					
	Individual, Partr	ner or Authorized Corp	oorate Officer		
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION N	
			(Note: NOT Inc	lividual Social Security	y Number)
Please Check Below:			LOCAL LICENS	SING AUTHORIT	Y
APPROVED:			By:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
DISAPPROVED:			,		
(If disapproved expl	lain)				
DATE:					
DATE.					



www.mass.gov/abcc

LICENSE NU	MBER: 002600030		CITY OR TOWN	ANDOVER	₹
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
	AME: SOTIRIOS EXAI				
ADDRESS 53	ESSEX ST.				
CITY/TOWN:	ANDOVER	STATE: MA	ZIP CODE:	01810	
MANAGER:	EXARCHOS, TY SOTIRIOS	PE OF LICENSE: R	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
		WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PREM	ISES:			
	WITH TWO FIRE EXIT REAR AREA IS FOR FO				
I hereby certify	and swear under penaltic	es of perjury that:			
1. the	renewed license will be o	f the same type for th	e same premises now	licensed;	
2. the	licensee has complied with	th all laws of the Con	nmonwealth relating to	taxes; and	
3. the	premises are now open for	r business (If not exp	lain below)		
SIGNED BY	Individual, Partne	er or Authorized Corp	oorate Officer		
DATE:					TON NUMBER
DATE.	TELEPHO	NE NUMBER:	EMPLOYER (Note: <b>NOT</b> Ind		TON NUMBER: ecurity Number)
Acts of 2004,	rsigned, attest that we ar signed by the building in e and (2) the certificate (	nspector and the hea	nd of the fire departi	ment for the	above
Please Check Belo	<u>DW:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	i explain)				
DATE:					



www.mass.gov/abcc

LICENSE NUMBER: 0026000	)32	CITY OR TOWN ANDOV	ER
APPLICATION FOR RENEW	VAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: PARK S	STREET PUB, INC		
DOING BUSINESS A PARK	STREET PUB		
ADDRESS 40 PARK ST			
CITY/TOWN: ANDOVER	STATE: MA	ZIP CODE: 01810	
MANAGER: BEBO,LISA	TYPE OF LICENSE:R	destaurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE			
ONE FLOOR 40'X40', INE ROBUILDING, TWO EXITS AT		FICE SPACE,ENTRANCE IN F TROOMS(2)	RONT OF
I hereby certify and swear und	er penalties of perjury that:		
1. the renewed license	will be of the same type for the	ne same premises now licensed;	
2. the licensee has cor	nplied with all laws of the Cor	nmonwealth relating to taxes; and	b
3. the premises are no	w open for business (If not exp	plain below)	
SIGNED BY	1 Destar A dest 1 Con	220	
Individi	ual, Partner or Authorized Cor	porate Officer	
DATE:		EMBLOWED IDENTIFIES	A THOMAN IN COURT
T.	ELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Socia	
		( and an analysis and an analy	r becaute frameer)
		the certificate required by Chap ad of the fire department for th	
		surance required by Chapter 1	
of 2010.			
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST E	BE FILED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



www.mass.gov/abcc

LICENSE NUM	BER: 002600034		CITY OR TOWN ANDOVE	.R
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAM	ME: BERTUCCI'S	RESTAURANT CORP		
DOING BUSINI	ESS A BERTUCCI'S	S BRICK OVEN RESTAU	URANTE	
ADDRESS 90 N	IAIN ST			
CITY/TOWN:	ANDOVER	STATE: MA	ZIP CODE: 01810	
MANAGER: I	HOFFMAN, JARED	TYPE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	OF LICENSED PRE			
	500 SQ FT. BUILDI IO THAT SEATS 20		RANCE AND A REAR EXIT	AND AN
I hereby certify a	and swear under pena	lties of perjury that:		
1. the re	enewed license will be	e of the same type for the	same premises now licensed;	
2. the lie	censee has complied	with all laws of the Comm	nonwealth relating to taxes; and	
3. the pr	remises are now open	for business (If not expla	in below)	
SIGNED BY			0.00	
	Individual, Par	tner or Authorized Corpor	rate Officer	
DATE:			EMBLOWED IDENTIFICA	TION AN IMPER
DATE.	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
				,
Acts of 2004, si	gned by the building	g inspector and the head	e certificate required by Chap of the fire department for the rance required by Chapter 11	e above
Please Check Below			I O C I I I I O C I I I I I I I I I I I	(OD VIII)
APPROVED:	<u>·</u>		LOCAL LICENSING AUTH By:	IOKII Y
DISAPPROVED	D:		by.	
(If disapproved e	explain)			
DATE				
DATE:				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 002600035	(	CITY OR TOWN ANDOV	ER
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN	ME: CSB RESTAUR ESS A YELLA	ANT GROUP,LLC		
ADDRESS 16 F	POST OFFICE AVE			
CITY/TOWN:	ANDOVER	STATE: MA	ZIP CODE: 01810	
	BERDAHN,DANIE T LLE A.	YPE OF LICENSE: Resta	aurant CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
	OF LICENSED PREM			-
	ROOM, ENTRANCE I BASEMENT, ONE K		IT OUT OF KITCHEN, TW	<b>0</b> –
	premises are now open f	for business (If not explained for Authorized Corporate		u
DATE:				
DATE.	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Acts of 2004, s	igned by the building	inspector and the head	certificate required by Cha of the fire department for tl ance required by Chapter 1	ne above
Please Check Below APPROVED: [DISAPPROVEI] (If disapproved	D:		LOCAL LICENSING AUT By:	HORITY
DATE:				



www.mass.gov/abcc

LICENSE NUMBER:	002600036		CITY OR TOWN ANDOV	EK
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	SCP, INC.			
DOING BUSINESS A	A GLORY RESTAU	RANT		
ADDRESS 013-19 ES	SSEX ST			
CITY/TOWN: AND	OVER	STATE: MA	ZIP CODE: 01810	
MANAGER: PAPP CHRI	ADOPOULOS,TYPI	E OF LICENSE: Rest	aurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WEI	SSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMIS	ES:		
	S IN FRONT, ONE C		ON FIRST FLOOR, RESTRO EE IN BACK. OUTDOOR C	
	es are now open for b	ousiness (If not explain		ad
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: NOT Individual Soci	al Security Number)
Acts of 2004, signed	by the building insp	ector and the head	certificate required by Cha of the fire department for t ance required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	THORITY
APPROVED:	<b>-</b>		By:	
DISAPPROVED: (If disapproved explai				
(11 disappioved expiai	11 <i>)</i>			
DATE:				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600037		CITY OR TOWN ANDOVE	R
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: THAI SWEET	BASIL, INC.		
DOING BUSINESS A THAI SWEE	T BASIL		
ADDRESS 209 NORTH MAIN ST			
CITY/TOWN: ANDOVER	STATE: MA	ZIP CODE: 01810	
MANAGER: YANG, YEE	TYPE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PRE		ONE ENTER ANGE AND TWO	TATE OF THE OWNER OWNER OF THE OWNER OWNE
DINING ROOM, TWO RESTROOM	IS, KITCHEN, OFFICE,C	JNE ENTRANCE AND TWO I	EXIIS
I hereby certify and swear under pena	1 0 0		
1. the renewed license will be	• •	nonwealth relating to taxes; and	
3. the premises are now open		<u>-</u>	
SIGNED BY			
Individual, Par	rtner or Authorized Corpor	rate Officer	
DATE			
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
		(Note: NOT Individual Social S	security Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head	of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		Ву:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	002600039		CITY O	R TOWN	ANDOVE	₹
APPLICATION FOR	RENEWAL:	Annual		LICEN	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	SIX CONTINENT	S RESOURCES, IN	IC.			
DOING BUSINESS A	STAYBRIDGE S	UITES BY HOLID	AY INN			
ADDRESS 4 TECHNO	OLOGY DR.					
CITY/TOWN: ANDO	OVER	STATE: MA	ZIP	CODE:	01810	
MANAGER: TYRR	ELL,DAWN TYF	PE OF LICENSE: In	nholder	(	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRE	SS		_
DESCRIPTION OF LI						
THE HOTEL IS A 133 THE MAIN ENTRAN TECHNOLOGY DRIV	CE IN THE FRON					/ITH
I hereby certify and sw	ear under penalties	of perjury that:				
1. the renewed	l license will be of	the same type for th	e same pre	mises nov	w licensed;	
	-	all laws of the Con		•	to taxes; and	
3. the premise	s are now open for	business (If not exp	olain below	)		
GIGNED DV						
SIGNED BY	Individual, Partner	or Authorized Corp	orate Offic	cer		
DATE:	TELEPHON	E NUMBER:		EMPLOYE	R IDENTIFICAT	TON NUMBER:
			(No	ote: <u>NOT</u> Ir	ndividual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building ins	spector and the hea	ad of the fi	re depar	tment for the	above
Please Check Below:			LOCA	L LICEN	SING AUTH	ORITY
APPROVED:	_		By:			
DISAPPROVED:						
(If disapproved explain	1)					
			-			
DATE:						



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	002600040		CITY OR TOWN	I ANDOVE	R
APPLICATION FOR I	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: ODING BUSINESS A		erre			
		EIIE			
ADDRESS 10 RAILRO				0.4040	
CITY/TOWN: ANDO	OVER	STATE: MA	ZIP CODE:	01810	
MANAGER: PATEI B.	., GAUTUM TYPE (	OF LICENSE: P	ackage Store (	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	EASE ALSO VISIT OUR WEBSIT		EMAIL ADDRESS		
DESCRIPTION OF LI					
A CONVENIENCE ST SIDE OF BUILDING.	TORE WITH ENTRA	NCE ON RAILI	ROAD ST AND EM	IERGENCY E	EXIT ON
2. the licensee	l license will be of the has complied with all s are now open for bus	laws of the Con	nmonwealth relating		
SIGNED BY	Individual, Partner or	Authorized Corp	oorate Officer		
DATE:	TELEPHONE N	UMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 002600041		CITY OR T	OWN ANDOVE	₹
APPLICATION FOI	R RENEWAL:	Annual	Ι	LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MOOTONE IN	IC.			
DOING BUSINESS	A MOOTONE I	FINE JAPANESE REST	ΓAURANT		
ADDRESS 15 RAIL	ROAD ST.#3				
CITY/TOWN: ANI	DOVER	STATE: MA	ZIP COI	DE: 01810	
MANAGER: YIN,	, YIZHONG	TYPE OF LICENSE: Re	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF					
		STING OF A KITCHEN , TWO RESTROOMS,			
I hereby certify and s	swear under pena	lties of perjury that:			
1. the renew	ved license will be	e of the same type for the	e same premise	es now licensed;	
	•	with all laws of the Com		ating to taxes; and	
3. the premi	ses are now open	for business (If not exp	lain below)		
SIGNED BY	Individual, Par	tner or Authorized Corp	orate Officer		
DATE:	TELEPH	IONE NUMBER:	EMF	PLOYER IDENTIFICAT	TON NUMBER:
			(Note: <u>N</u>	OT Individual Social S	ecurity Number)
Acts of 2004, signed	d by the building	are in possession (1) the ginspector and the heate of liquor liability inst	d of the fire d	lepartment for the	above
Please Check Below:			LOCAL L	ICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	am)				
DATE:					



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 002600043		CITY OR TO	JWN ANDOVE	AK.
APPLICATION FO	R RENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 00022C	A DISH				
CITY/TOWN: AN	DOVER	STATE: MA	ZIP COD	DE: 01810	
MANAGER: QUI	NN, STACIA	TYPE OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS					
DEGCD IDTION OF		JR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
1 FLOOR 1,100 SQ EXIT BEHIND PRO		VITH FRONT ENTRA	NCE ON A ND	OVER ST AND F	REAR
	ises are now open	with all laws of the Corfor business (If not exp	plain below)		
DATE:	TELEPH	ONE NUMBER:		LOYER IDENTIFICA  OT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl	ain)		LOCAL LI By:	CENSING AUTH	IORITY
DATE:					
			<u></u> _		



www.mass.gov/abcc

LICENSE NUMBE	K: 002600044		CI	I Y OK TOV	VIN ANDOVE	K
APPLICATION FO	OR RENEWAL:	Annual	[	LIC	ENSED FOR 2	013
		CLASS	S			YEAR
LICENSEE NAME	: RESIDENCE	INN BY MARRIOT	LLC			
DOING BUSINESS	S A RESIDENC	E INN BY MARRIO	T			
ADDRESS 500 MI	NUTEMAN RD					
CITY/TOWN: AN	IDOVER	STATE:	MA	ZIP CODE	: 01810	
MANAGER: HA	GEN, SUSAN	TYPE OF LICENS	E:Innholo	ler	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER Y	OUR EMAIL	ADDRESS		_
DESCRIPTION OF						
	DINING AREA	O BUILDINGS OI FOR APPROX 30 PI GUEST ROOMS				
2. the licen	see has complied	be of the same type for with all laws of the on for business (If not	Common	wealth relati		
SIGIVED DI	Individual, Pa	artner or Authorized (	Corporate	Officer		
DATE:	TELEP	HONE NUMBER:			YER IDENTIFICATE  Individual Social S	
				(1401c. <u>1401</u>	L marviduai sociai s	security Number)
Acts of 2004, signe	ed by the buildi	e are in possession ( ng inspector and the nte of liquor liability	head of	the fire dep	artment for the	above
Please Check Below:	1		L	OCAL LICI	ENSING AUTH	ORITY
APPROVED: DISAPPROVED:			В	y:		
(If disapproved exp	Lain)		=			
1			-			
			-			
DATE:						



www.mass.gov/abcc

LICENSE NUMBER	:002600045		CITY OR TOWN ANDOVE	CK
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	PEPPER DINING IN	IC.		
DOING BUSINESS	A CHILI'S GRILL &	BAR		
ADDRESS 131 RIVI	ER RD			
CITY/TOWN: AND	OOVER	STATE: MA	ZIP CODE: 01810	
MANAGER: CATA	ALANO,ANDR TYPE	OF LICENSE: Res	ctaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:				
L 1	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMISE	ES:		
SEATS, 5 PERSON	TABLES AND 9 FOU AND 6 4 PERSON TA	IR PERSON BOOT ABLES. SEPARAT	IG 5756 SF BAR AREA INCL PHS, DINING AREA INCLUD E LOCKED AND CAGED ST EXITS	ES 19 4
I hereby certify and s	wear under penalties o	f perjury that:		
1. the renewe	ed license will be of the	e same type for the	same premises now licensed;	
2. the license	e has complied with a	ll laws of the Comn	nonwealth relating to taxes; and	I
3. the premis	es are now open for b	usiness (If not expla	nin below)	
SIGNED BY	Individual, Partner o	r Authorized Corpo	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
			(Note: NOT Individual Social	Security Number)
Acts of 2004, signed	by the building insp	ector and the head	e certificate required by Chap I of the fire department for th rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	ın)		-	
DATE:				



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 002600046		CITY OR TOWN ANDOVE	K
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
DOING BUSINES	E: WINE-SENSE LTD SS A WINE-SENSE ORTH MAIN STREET			
CITY/TOWN: A		STATE: MA	ZIP CODE: 01810	
	TORE, NORMA TYPE			Wine and Malt Regular
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS	_
DESCRIPTION O	F LICENSED PREMISES	<b>3:</b>		
600 S/F RETAIL	SPACE, 1 DOOR, 1 REST	ΓROOM, 1 CLOS	ET	
I hereby certify an	d swear under penalties of	perjury that:		
1. the rene	ewed license will be of the	same type for the	same premises now licensed;	
2. the lice	nsee has complied with all	laws of the Comr	nonwealth relating to taxes; and	
	mises are now open for bus		•	
		· •		
SIGNED BY				
SIGNED B I	Individual, Partner or	Authorized Corpo	orate Officer	
	,	·		
DATE:	TELEDITONE N	HIMDED.	EMPLOYER IDENTIFICAT	TION NUMBER:
	TELEPHONE N	IUMBER:	(Note: NOT Individual Social S	
			( and I morround soon in	yeearry rameer,
Please Check Below:	_		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	plain)			
DATE:				
D.1111.				



www.mass.gov/abcc

LICENSE NUMBER:	: 002600049		CITY OR TO	WN ANDOVE	R
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ANDOVER VEN	TURES INC.			
DOING BUSINESS A	A TOKYO STEAK	KHOUSE			
ADDRESS 560 SOU	TH MAIN STREE	Γ			
CITY/TOWN: AND	OVER	STATE: MA	ZIP COD	E: 01810	
MANAGER: HOAT	NG, HELEN TY	PE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L					
A GROUND FLOOR APPROX. 6060 S.F.					
I hereby certify and sv	wear under penaltie	s of perjury that:			
1. the renewe	d license will be of	f the same type for the	e same premises	now licensed;	
2. the license	e has complied with	h all laws of the Com	monwealth relat	ing to taxes; and	
3. the premise	es are now open for	r business (If not expl	lain below)		
SIGNED BY					
	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICAT	
			(Note: NO	<u>OT</u> Individual Social S	Security Number)
We the undersigned	, attest that we ar	e in possession (1) th	e certificate re	quired by Chapt	er 304 of the
Acts of 2004, signed named license and (2004)					
of 2010.	2) the certificate of	i iiquor nabinty iist	irance require	a by Chapter 110	) of the Acts
Please Check Below:			LOCALLIC	CENSING AUTH	ORITY
APPROVED:			By:	221 (811 (8 116 111	
DISAPPROVED:			•		
(If disapproved explain	n)				
DATE:					
APPLICATION FOR RENEW	AL MUST BE FILED BY	LICENSEES DURING THE N	MONTH OF NOVEME	BER (M.G.L. Ch. 138 \$ 1	6A)



www.mass.gov/abcc

LICENSE NU	MBER: 002600050		CITY OR TOWN ANDOVE	R
APPLICATIO	N FOR RENEWAL	.: Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NA	AME: BOSSCORI	P LLC		
DOING BUSI	NESS A HOMEWO	OOD SUITES		
ADDRESS 4 I	RIVERSIDE DRIVI	3		
CITY/TOWN:	ANDOVER	STATE: MA	ZIP CODE: 01810	
MANAGER:	PATEL, LINA	TYPE OF LICENSE: Inn	holder CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED P			
		EXITS ON GROUND FLOO R UPPER FLOORS	PR3 EXITS ON FIRST FLOO	R3
I hereby certify	y and swear under po	enalties of perjury that:		
1. the	renewed license wil	ll be of the same type for the	same premises now licensed;	
2. the	licensee has compli	ed with all laws of the Comr	nonwealth relating to taxes; and	
3. the	premises are now of	pen for business (If not expla	ain below)	
SIGNED BY				
	Individual,	Partner or Authorized Corpo	orate Officer	
DATE.				
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social )	
			(2.10te) 2.102 maryidda boelar	security (varioer)
Acts of 2004,	signed by the build	ding inspector and the head	e certificate required by Chap I of the fire department for the rance required by Chapter 11	e above
Please Check Belo	ow:		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:				



www.mass.gov/abcc

LICENSE NUM	MBER: 002600051		CITY OR TOWN	ANDOVER
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: ANDOVER MEX	ICAN RESTAURAN	NT INC.	
DOING BUSIN	NESS A CASA BLANCA	Δ		
ADDRESS 10-	-12 MAIN STREET			
CITY/TOWN:	ANDOVER	STATE: MA	ZIP CODE:	01810
MANAGER:	NARANJO TY FREGOSO, PABLO CESAR	PE OF LICENSE: R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMI	SES:		
EAST WALL. EGRESS AT C	OR ENTRANCE AND E SEATS52KITCHEN CENTER OF NORTH WA D STORAGE AREA AN	& STROAGE AREA LL AND CENTER	ATHIRD FLOOR I	ENTRANCE AND
I hereby certify	and swear under penaltie	s of perjury that:		
1. the	renewed license will be of	the same type for th	e same premises now	licensed;
2. the 1	licensee has complied wit	h all laws of the Com	monwealth relating t	o taxes; and
3. the j	premises are now open for	r business (If not exp	lain below)	
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004,	signed by the building ir	spector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)			
DATE:				



www.mass.gov/abcc

LICENSE NUMBER: 002600052		CITY OR TOWN AND	OVER
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	OR 2013
	CLASS		YEAR
LICENSEE NAME: WHG ANDOV DOING BUSINESS A ANDOVER I ADDRESS 4 CHAPEL AVE			
CITY/TOWN: ANDOVER	STATE: MA	ZIP CODE: 0181	0
MANAGER: MORAN, CHARLES L.	TYPE OF LICENSE: Innh	older CATEGO	ORY: All Alcohol
EMAIL ADDRESS:  PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PRE	EMISES:		
IN WHOLE OF SAID BLDG WITH GUEST ROOMS AND SUITES/ O GARDEN FOR OUTDOOR FUNCT USED AS AN INN, RESTAURANT PHILLIPS ACADEMY	UTDOOR PATIO WITH IONS WITH A CAPACIT	A CAPACITY FOR 50, 1 Y OF 250 ENTIRE PREM	ENCLOSED MISE TO BE
I hereby certify and swear under pena	lties of perjury that:		
1. the renewed license will be		ame premises now license	ed;
2. the licensee has complied	with all laws of the Comm	onwealth relating to taxes:	and
3. the premises are now open	for business (If not explai	n below)	
SIGNED BY Individual, Par	tner or Authorized Corpor	rate Officer	
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENT (Note: <u>NOT</u> Individual S	IFICATION NUMBER:
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head	of the fire department fo	or the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING A By:	UTHORITY
DATE:		-	



www.mass.gov/abcc

LICENSE NUMB	ER: 002600053		CITY OR	TOWN	ANDOVER	₹
APPLICATION F	OR RENEWAL:	Annual		LICEN	SED FOR 20	)13
		CLASS				YEAR
	E: LEBLANC'S FINE SS A LeBLANC'S FINE					
ADDRESS 77 MA	AIN STREET, UNIT A					
CITY/TOWN: A	NDOVER	STATE: N	IA ZIP CO	DDE:	01810	
MANAGER: Le	BLANC, GENE TYP	E OF LICENSE	:Package Store	CA	ATEGORY:	All Alcohol
EMAIL ADDRES	S:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YO	UR EMAIL ADDRESS			_
STREET AND SI 24X73MAIN E ACCESS BY EMBASEMENT ACCINDOOR PARKINDOOR PARKIN	R END UNIT OF TWO DE EXPOSURE TO MI NTRANCE TO RETAIL ERENCY ENTRANCE/ CESSED BY STAIRS F NG GARAGRETAIL ND WALK IN COOLE d swear under penalties ewed license will be of tensee has complied with mises are now open for the	UNIPIAL PARK L SPACE IS FRO EXIT AT SIDE ROM RETAIL A SPACE TO HA R of perjury that: he same type for all laws of the C	OM MAIN STR FACING LOT. AND SECURIT VE ALCOHOL  the same premi	CE IS A EETSSTOR Y DOOI DISPLA	APPROX. SECONDAR' AGE AREA R INTO PRIV AYS ALONO licensed;	Y IN VATE
SIGNED BY	Individual, Partner	or Authorized C	orporate Officer			
DATE:	TELEPHONI	E NUMBER:				TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex			LOCAL By:	LICENS	ING AUTHO	ORITY
DATE:						



www.mass.gov/abcc

LICENSE NUMBER: 002600055		CITY OR TOWN ANDOVER
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: ANDOVER FO	OOD INC.	
DOING BUSINESS A RAAGINI IN	DIAN BISTRO	
ADDRESS 209 NORTH MAIN STRI	EET	
CITY/TOWN: ANDOVER	STATE: MA	ZIP CODE: 01810
MANAGER: PABLA, JASPREET S.	ΓΥΡΕ OF LICENSE: Res	ctaurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS
DESCRIPTION OF LICENSED PRE		
20X46 DINING AREA AND BAR AT BATHROOMS AND STORAGE AR EXIT/ENTRANCE TO PARKING LO	EA FOR A TOTAL OF A	APPROX. 1980 SQ. FTFRONT
I hereby certify and swear under penal	ties of perjury that:	
1. the renewed license will be	of the same type for the	same premises now licensed;
2. the licensee has complied v	vith all laws of the Comm	nonwealth relating to taxes; and
3. the premises are now open	for business (If not expla	ain below)
SIGNED BY		
Individual, Part	tner or Authorized Corpo	orate Officer
DATE: TELEDIA		EMPLOYED DENTEL ATION AND DE
TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
		individual Social Security (Milliott)
0 ,	_ , ,	e certificate required by Chapter 304 of the
		of the fire department for the above
of 2010.	e of inquor nability insul	rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		By.
(If disapproved explain)		
DATE:		



www.mass.gov/abcc

LICENSE NUMBER: 0026	500056		C	TITY OR TO	WN ANDOVI	ER
APPLICATION FOR REN	IEWAL:	Annu	al	LIC	CENSED FOR	2013
		CLA	SS			YEAR
LICENSEE NAME: SAL	'S 34 PARK,	LLC				
DOING BUSINESS A SA	LVATORE'S					
ADDRESS 34 PARK ST						
CITY/TOWN: ANDOVE	R	STATE:	MA	ZIP CODI	E: 01810	
MANAGER: ACKERMA PETER	AN, TY	PE OF LICEN	SE:Resta	urant	CATEGORY	: All Alcohol
EMAIL ADDRESS:						
PLEASE	ALSO VISIT OUR W	VEBSITE AND ENTER	YOUR EMAI	L ADDRESS		
DESCRIPTION OF LICEN	NSED PREMI	SES:				
4848 FULL SERVICE, TA ENTRANCE FRONT ADJ						
I hereby certify and swear	under penaltie	s of perjury tha	ıt:			
1. the renewed lice	ense will be of	the same type	for the sa	me premises	now licensed;	
2. the licensee has	complied with	h all laws of the	e Commo	nwealth relat	ing to taxes; and	d
3. the premises are	e now open for	r business (If n	ot explain	below)		
SIGNED BY						
Indi	vidual, Partne	r or Authorized	l Corpora	te Officer		
DATE:	TELEPHON	NE NUMBER:				ATION NUMBER:
				(Note: NO	1 Individual Social	l Security Number)
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	he building in	spector and tl	ne head o	f the fire de	partment for th	ne above
Please Check Below:				LOCAL LIC	ENSING AUTI	HORITY
APPROVED:				By:		
DISAPPROVED:						
(If disapproved explain)						
						<del></del>
DATE:						